

Entered – 11-15-00 - sb
CL – 00L0699 ALEXIS HOLMES

01- *L*-1748

CLAIM OF: **DOLORES DAVENPORT**
429 Altoona Place, SW
Atlanta, Georgia 30310

For damages alleged to have been sustained as a result of vehicular damage to her property on May 14, 2000 at 429 Altoona Place, SW.

BY PUBLIC SAFETY AND
LEGAL ADMINISTRATION COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **DOLORES DAVENPORT** the sum of **\$2,000.00** in full settlement and satisfaction of all claims, past, present and future, of every kind and character **for damages alleged to have been sustained as a result of vehicular damage to her property on May 14, 2000 at 429 Altoona Place, SW** as is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD
CITY ATTORNEY

BY: *Rosalind Rubens Newell*
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

Robert N. C. J. DCA

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0699

Date: 10/15/01

Claimant /Victim DOLORIS DAVENPORT

BY: (Atty) _____

Address: 429 Altoona Place SW, Atlanta, Georgia 30310

Subrogation: Claim for Property damage \$ 3,000.00 Bodily Injury \$ _____

Date of Notice: 11/13/01 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 5/14/00 Place: 429 Altoona Place, SW

Department PRCA Division: Parks

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant sustained property damages when a City maintenance crew driving City vehicles caused extensive damages to her driveway while removing a fallen tree from her property.

INVESTIGATION:

Statements: City employee _____ Claimant X Other _____ Written X Oral _____

Pictures _____ Diagrams _____ Reports: Police _____ Dept Report X Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____

City not involved _____ Offer rejected _____ Compromise settlement X

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,



INVESTIGATOR - ALEXIS HOLMES

RECOMMENDATION:

Pay \$ \$2,000.00 Adverse _____ Account charged: 1A01 X 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 10-17-01

Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 11/14/00 *DM*

Dear Municipal Clerk:

ENTERED - 11-15-00 - SB
00L0699 - ALEXIS HOLMES

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 3,000.00 property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of Incident: 5/14/00 2. Time of Incident: 5:00 AM 3. Police called: ✓
(month/day/year). Yes No
4. Location of Incident (including street address): 429 Altoona PL SW Atlanta, GA 30310
5. Name of your insurance company: CGU Policy No. _____
6. State what and how incident occurred: A large tree that was on city's Right of way (next to street) fell on my house causing severe damage to structure, curb and driveway. Also drive way was further damaged when city trucks while removing tree. Estimate is for dr-way repair only. Homeowner's insurance repaired structure.
7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: _____
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: _____
(Name) (Address) (Telephone Number)

10. The acknowledgement of this claim in no way waives the sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and / or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Dolores Davenport
Signature of Claimant

Dolores Davenport
(Print Claimant's Name)

429 Altoona PL SW
(Address)

Atlanta, GA 30310
(City, State and Zip Code)

404-755-0332
(Work Number) (Home Number)

01-R-1748